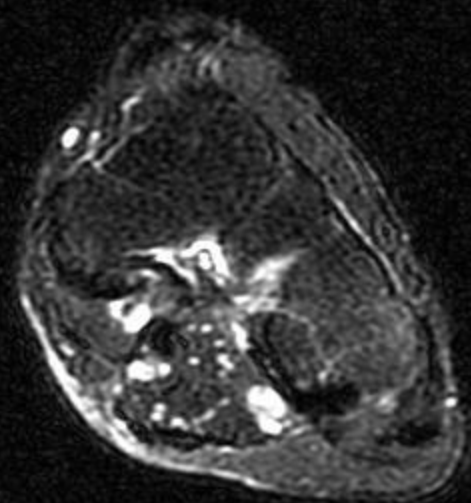
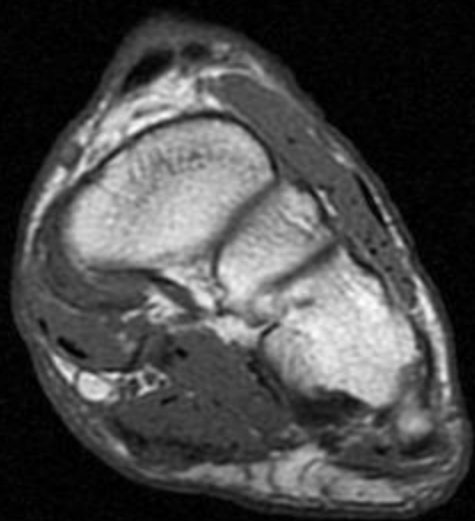
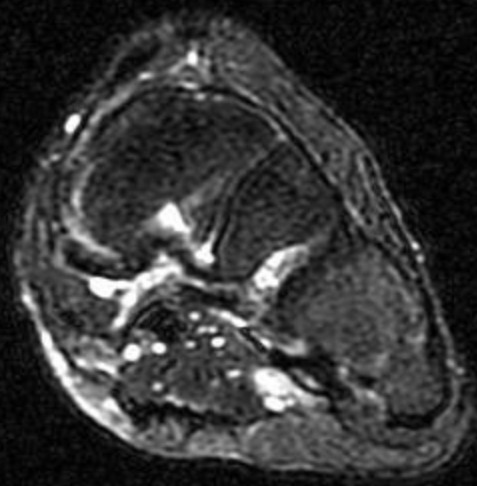
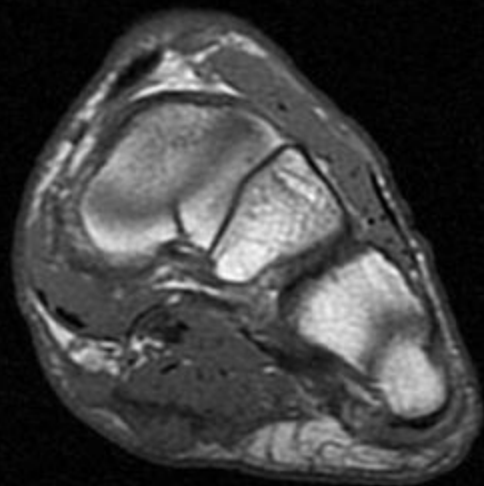
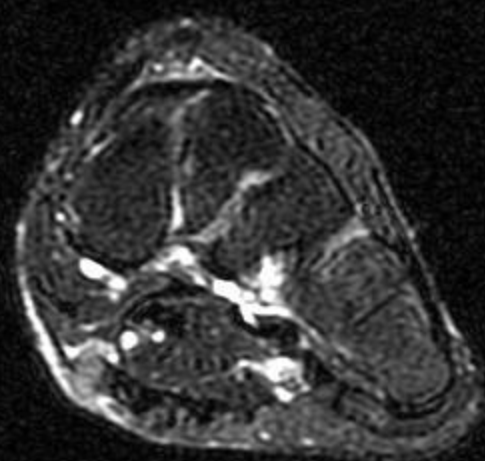
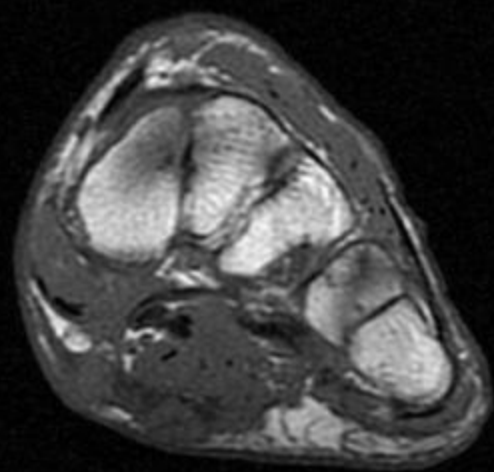


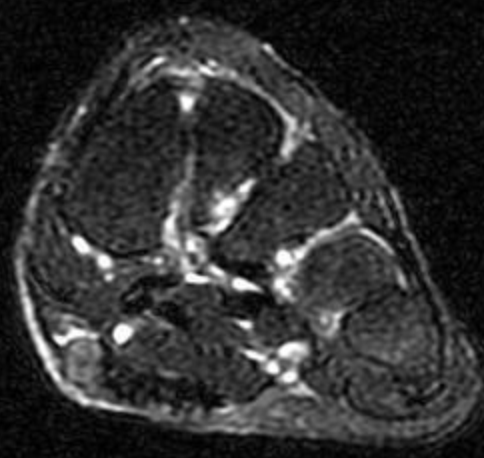
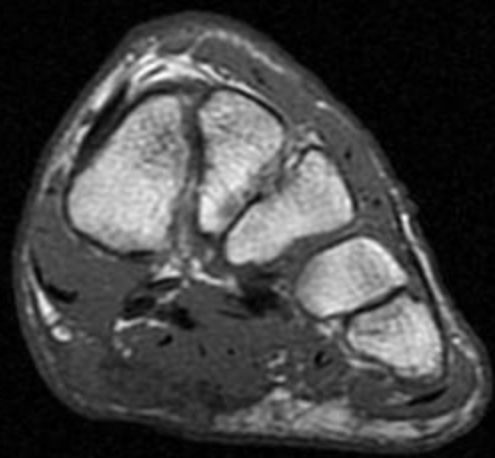
54F with masses in the feet

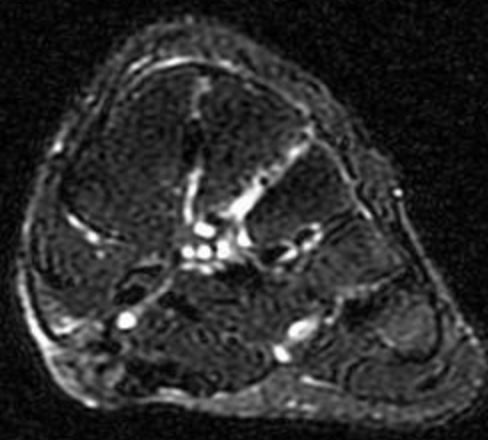
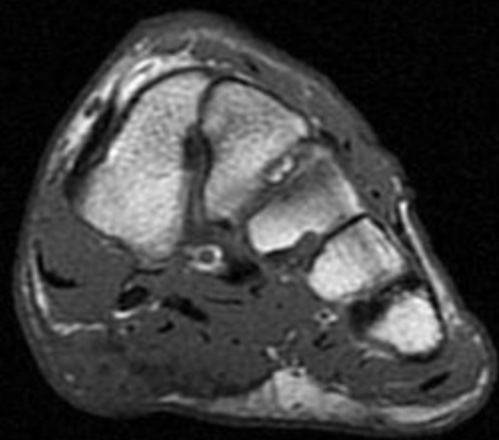
Left Foot

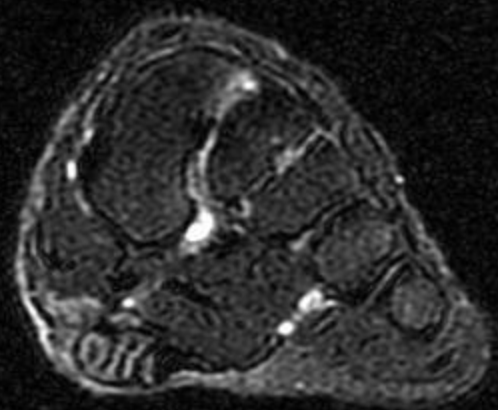
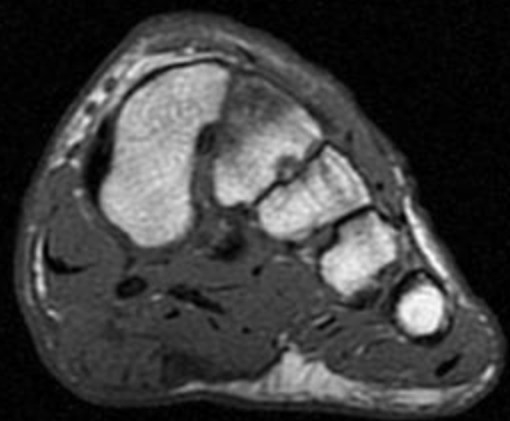


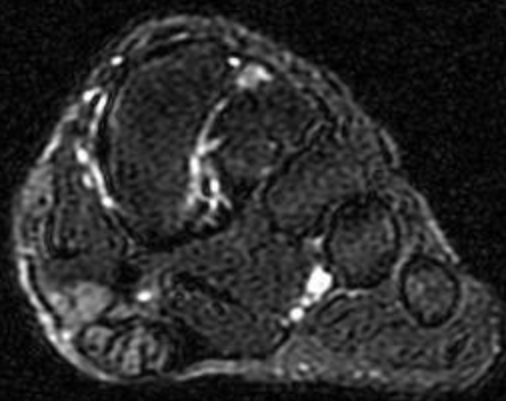
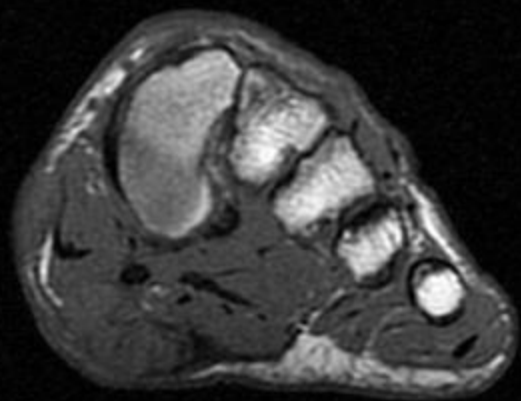


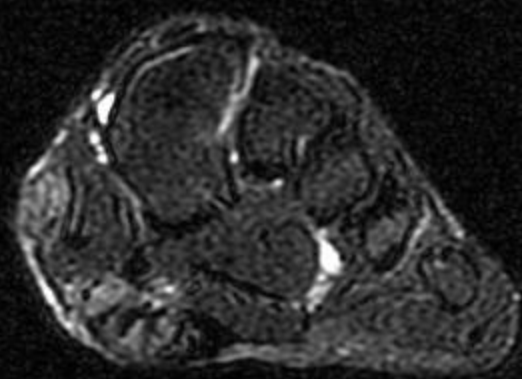
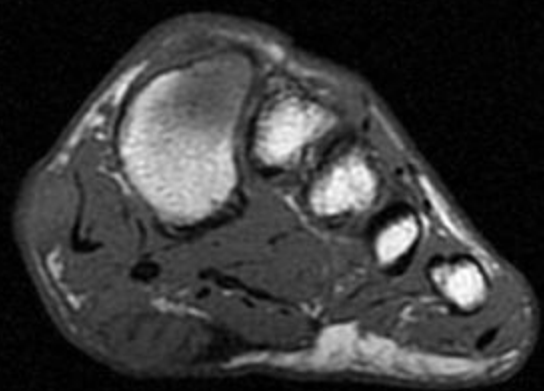


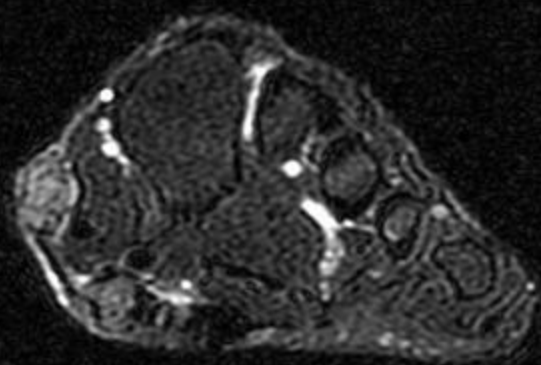
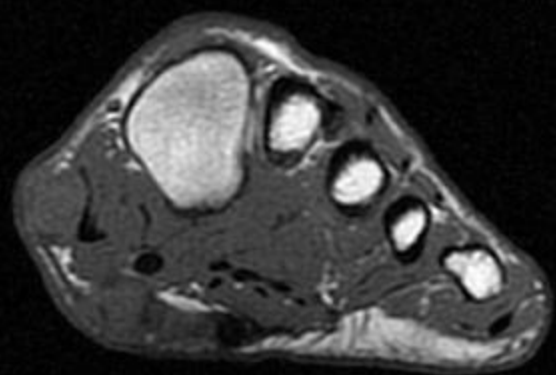


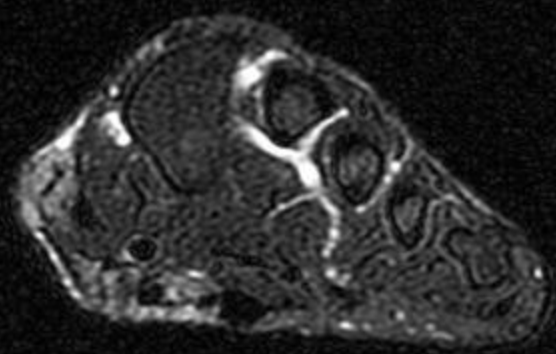
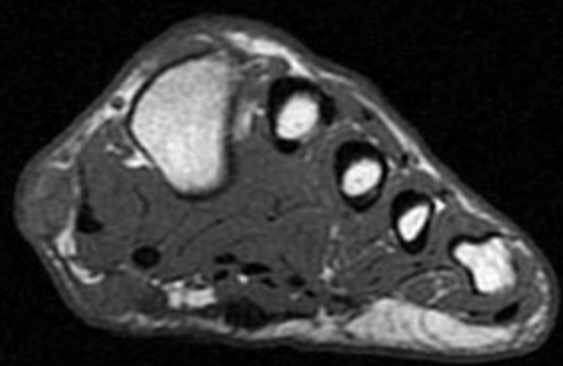


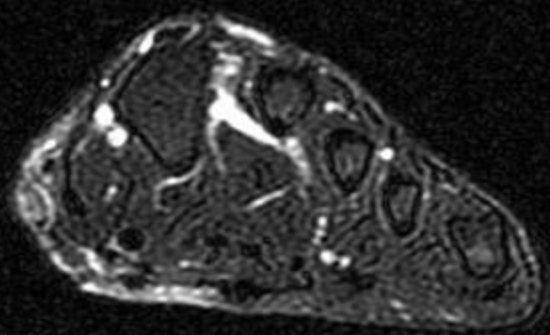
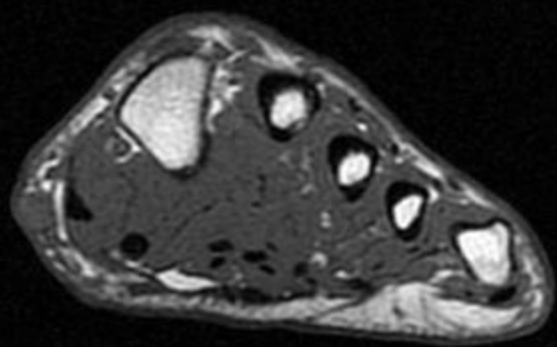




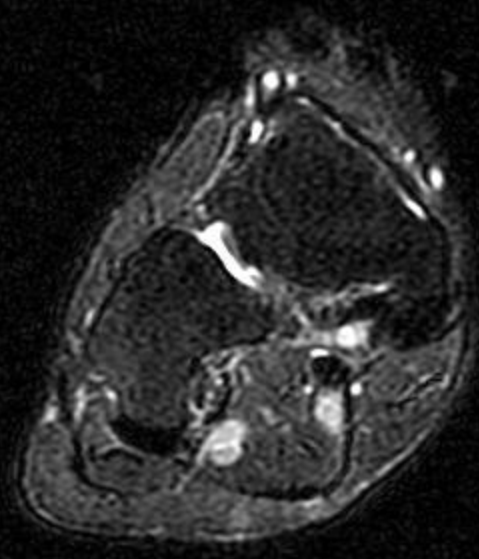
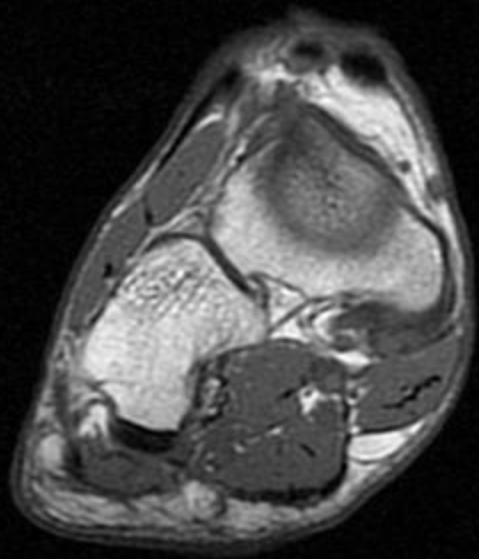


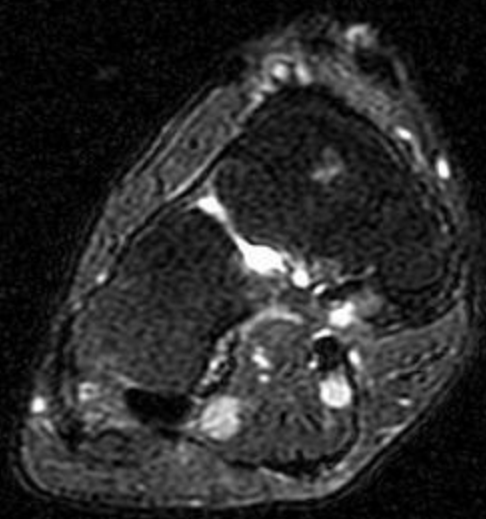
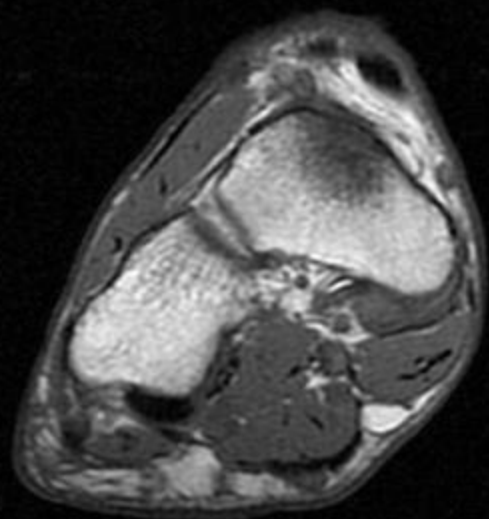


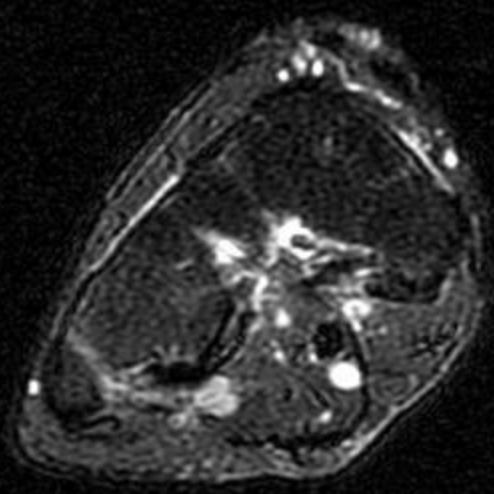
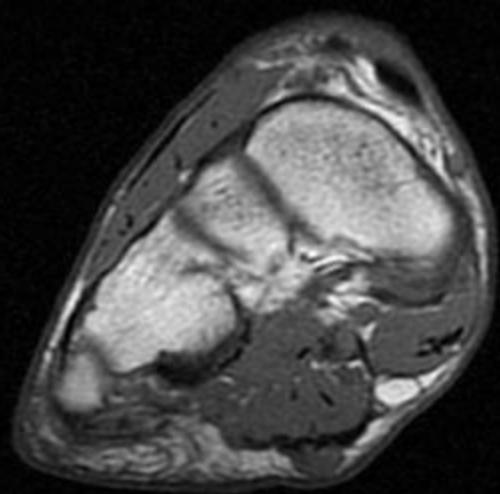


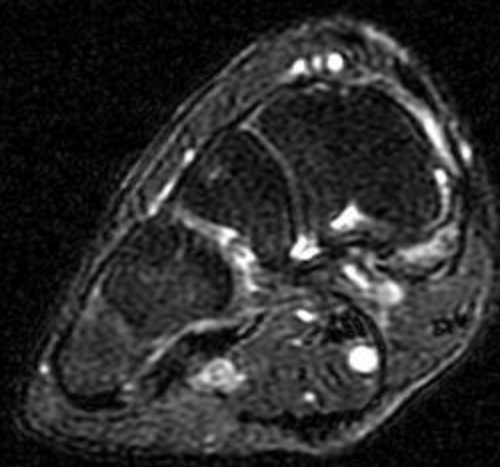
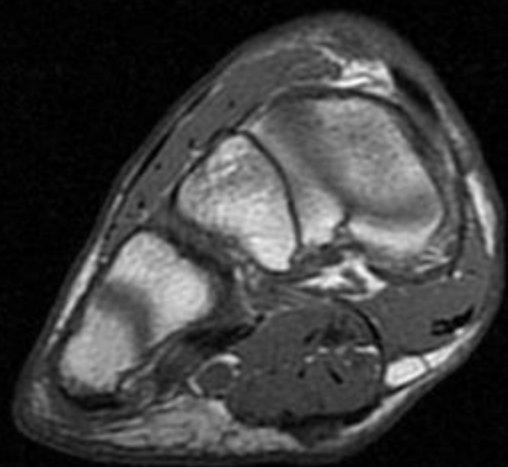


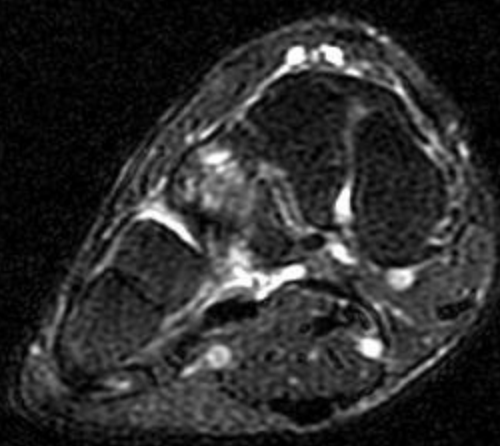
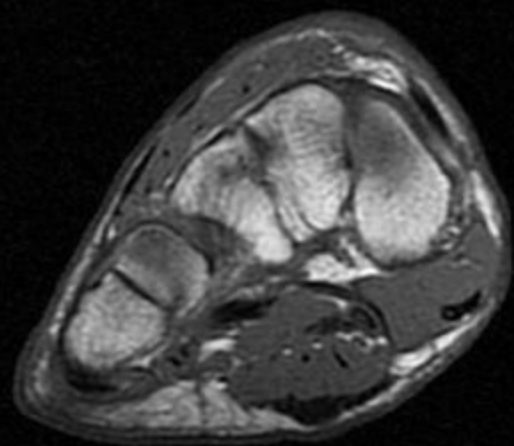
Right Foot

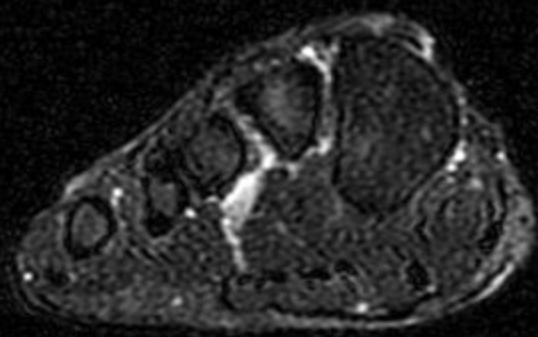
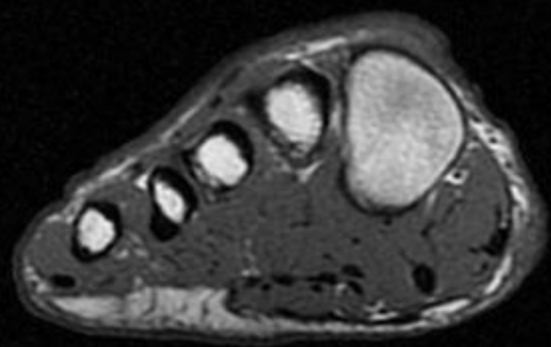


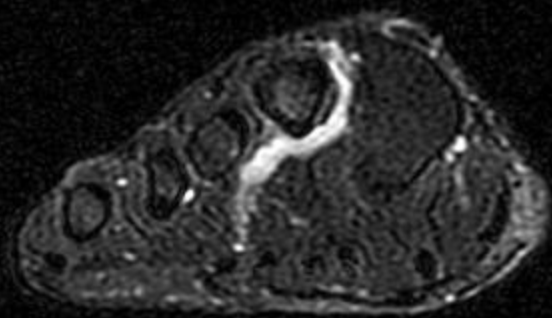
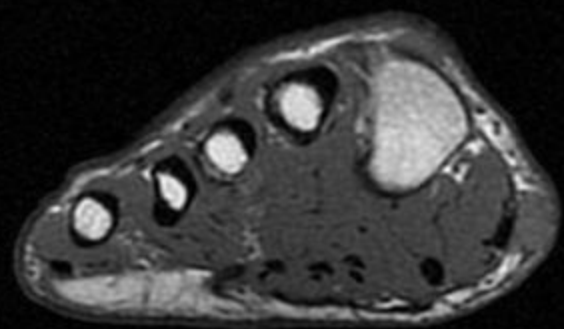


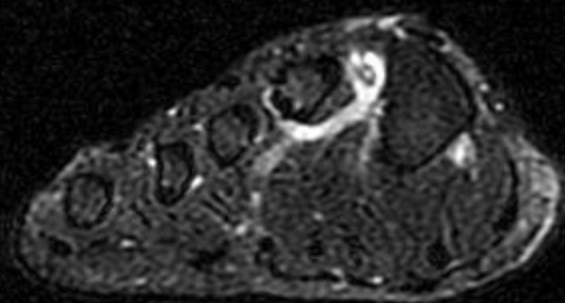
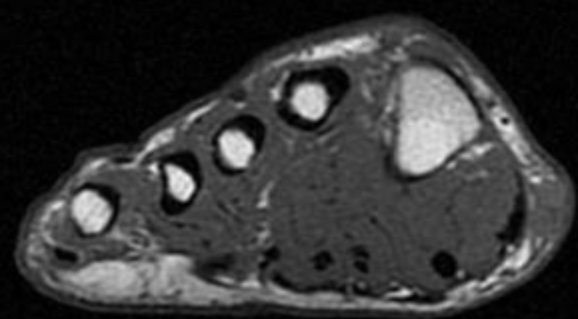


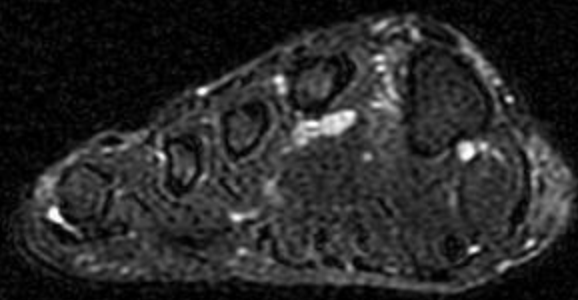
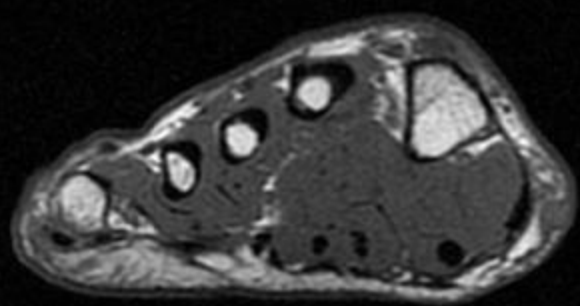


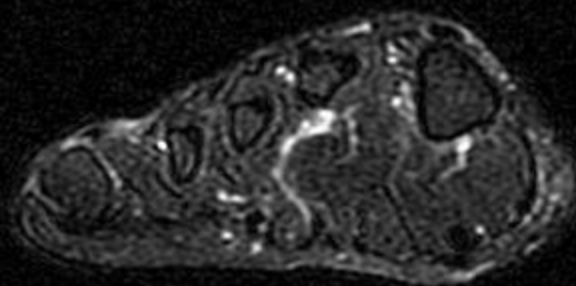
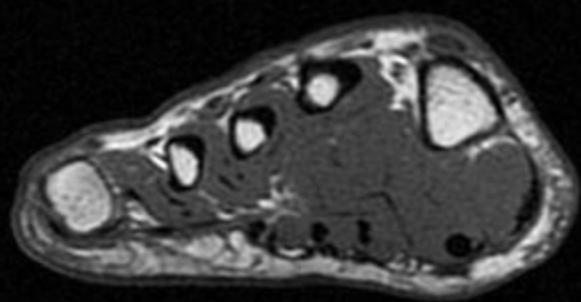




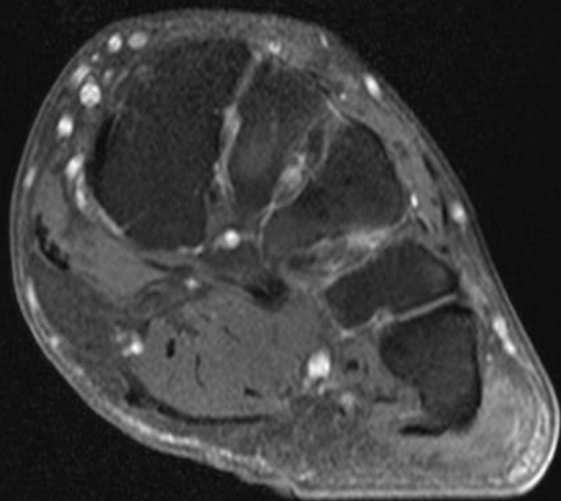
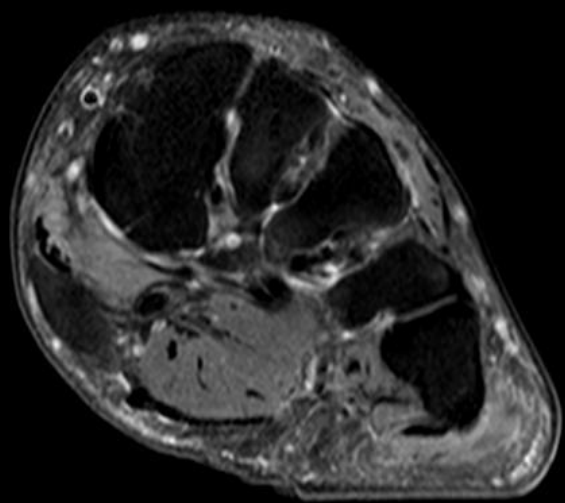
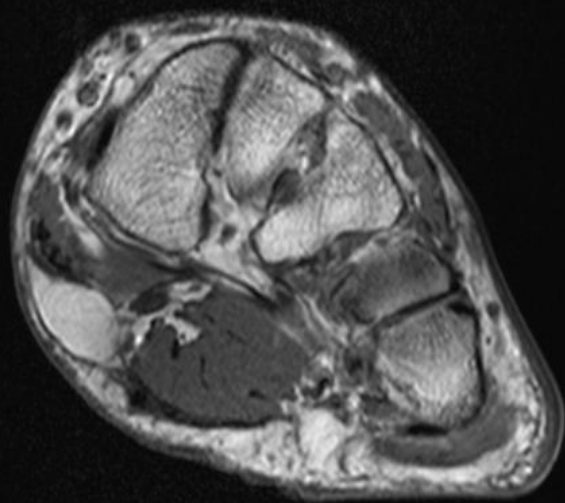


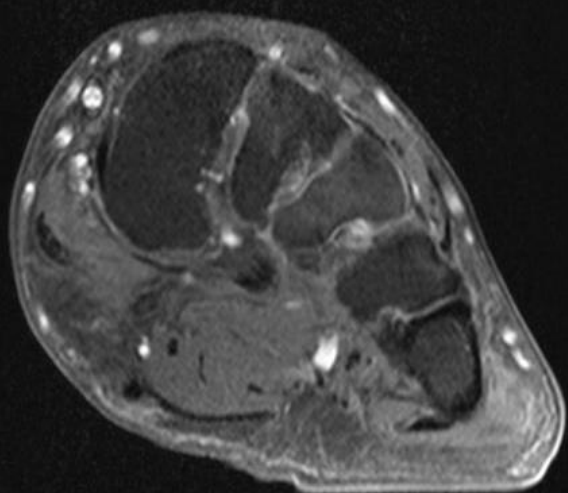
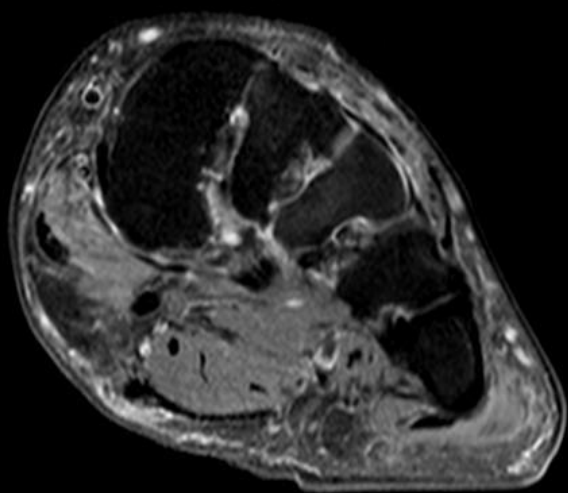
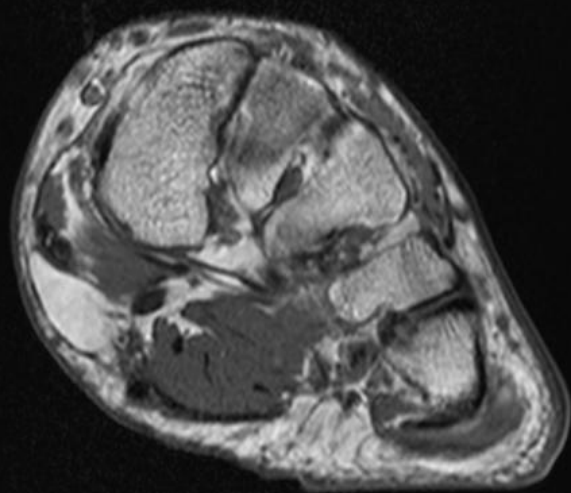


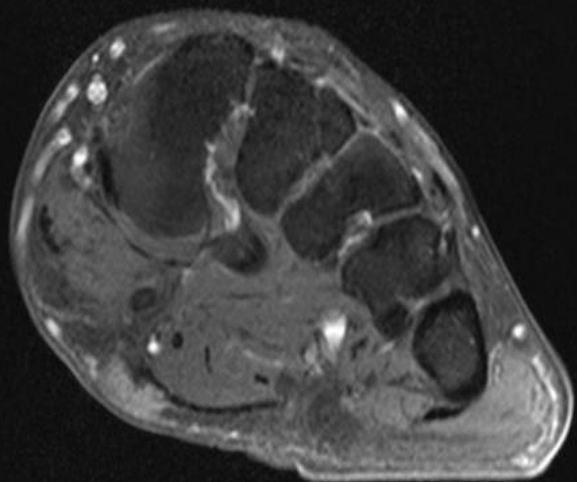
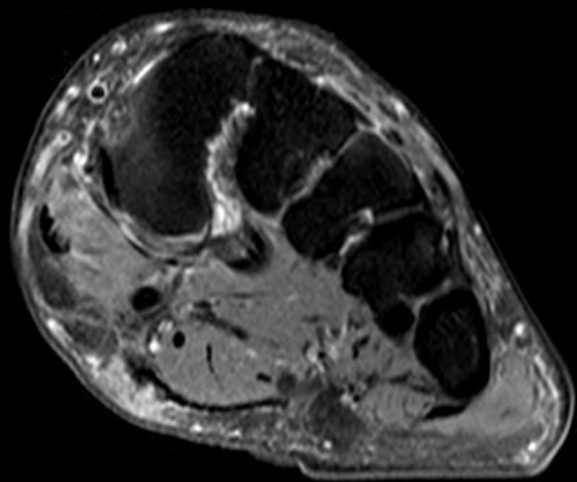
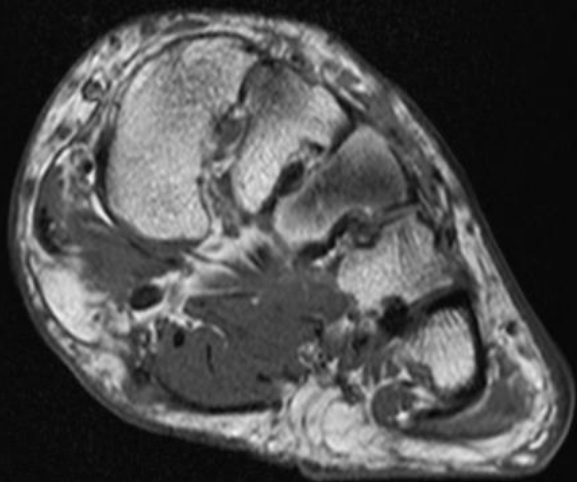


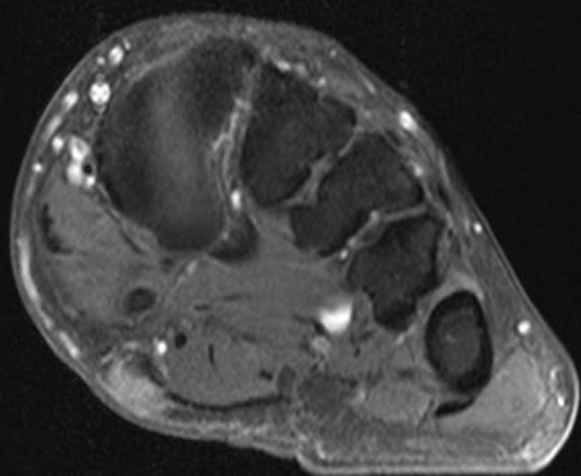
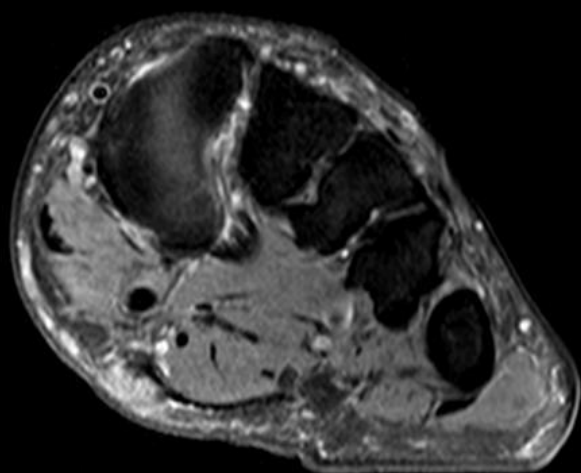
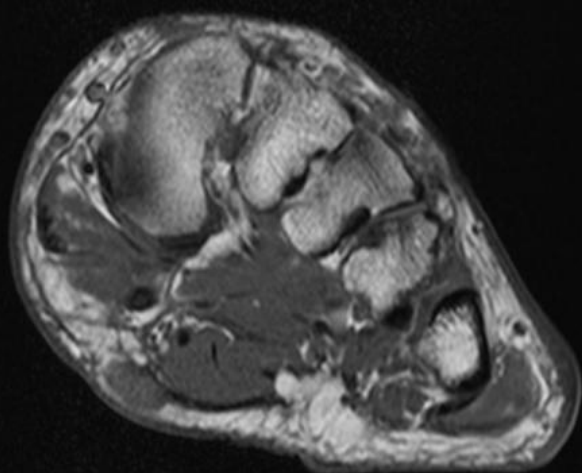


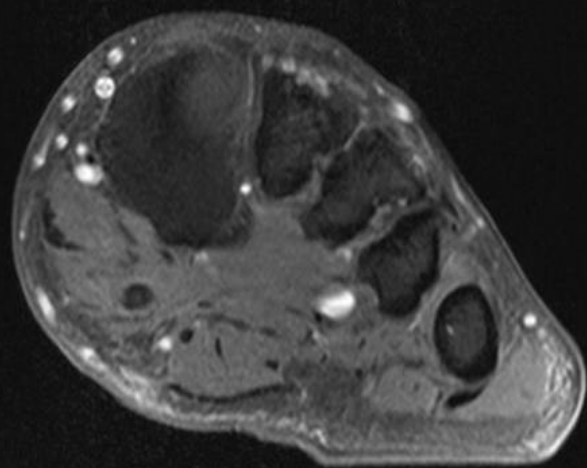
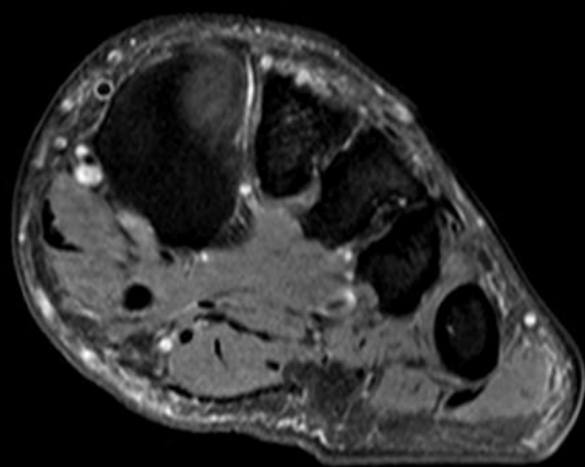
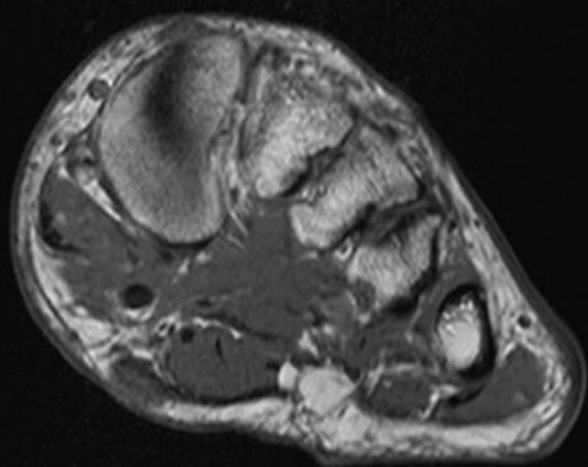
Second Patient

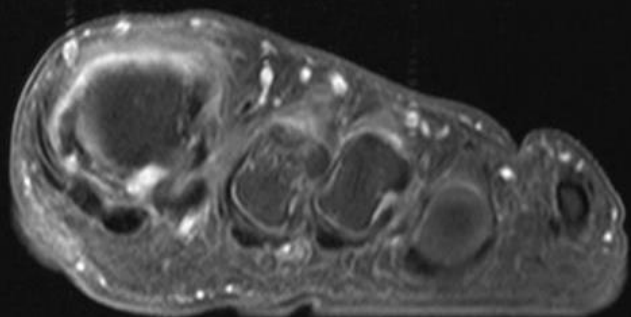
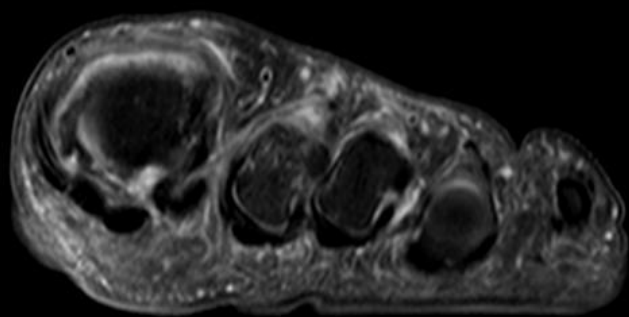
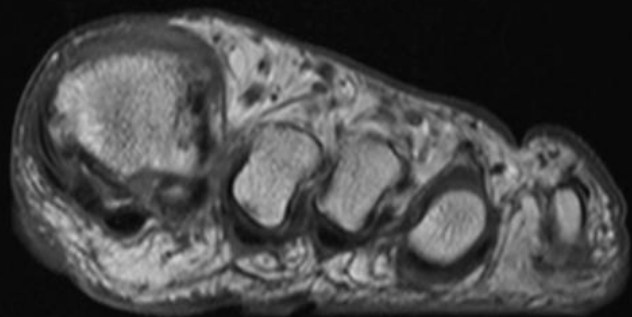


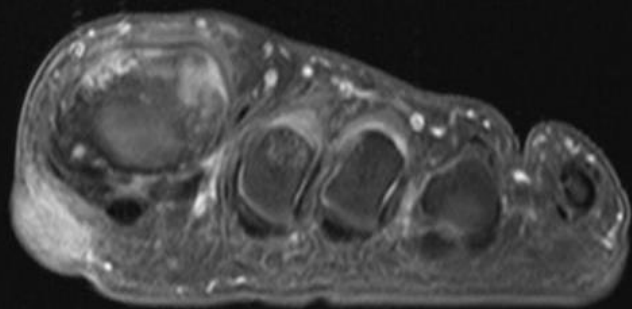
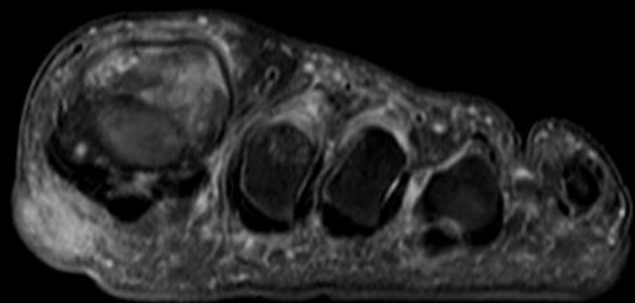
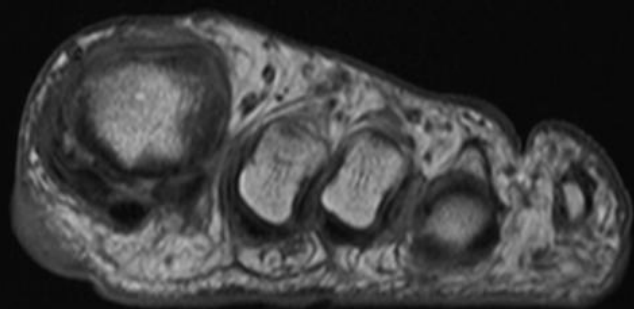


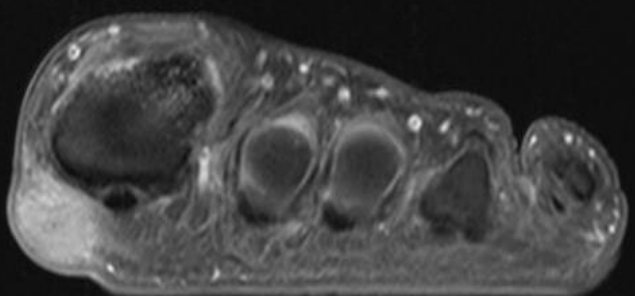
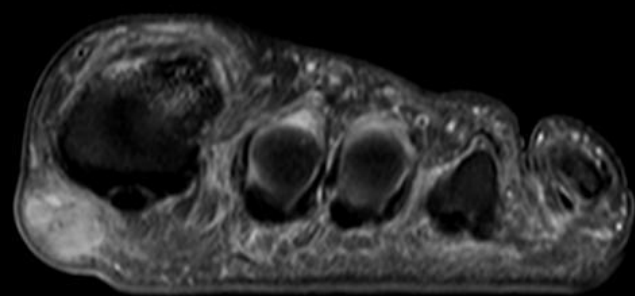
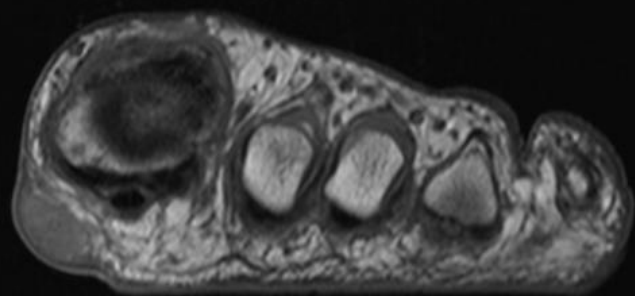


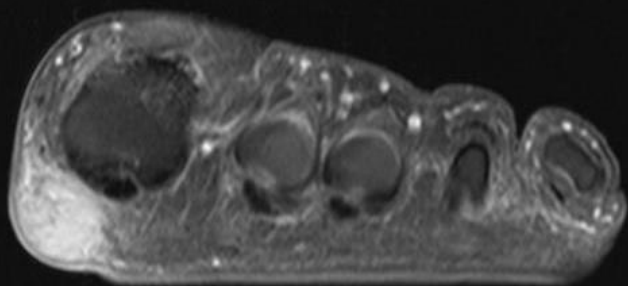
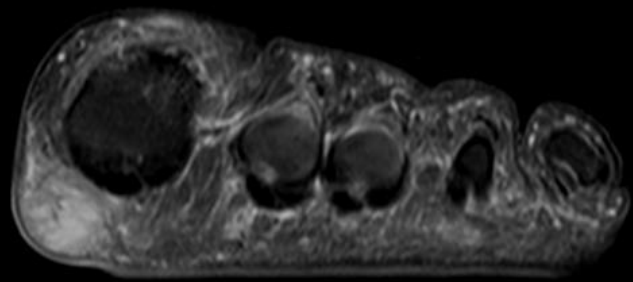
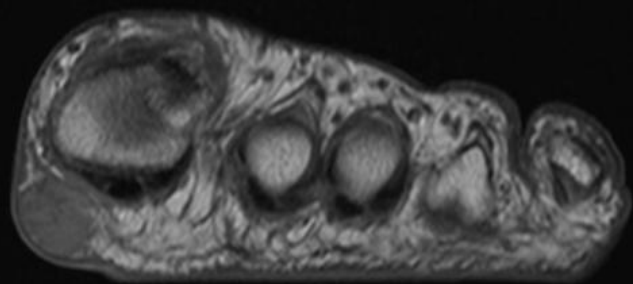


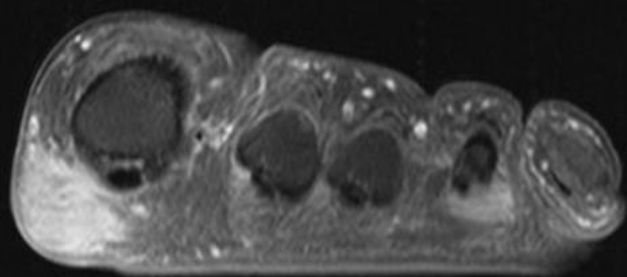
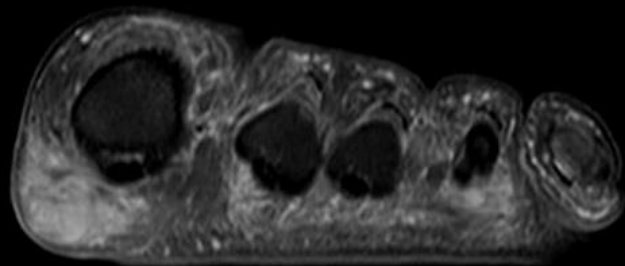
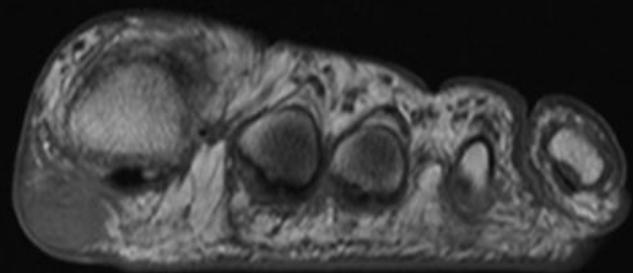


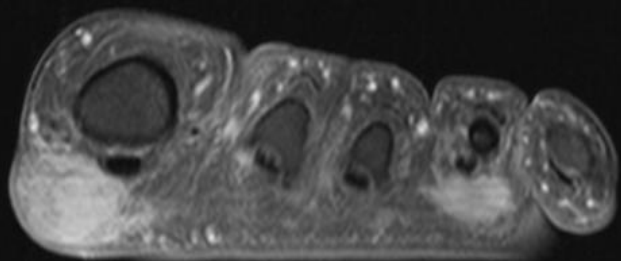
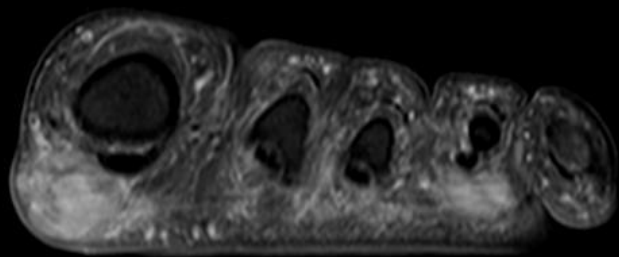
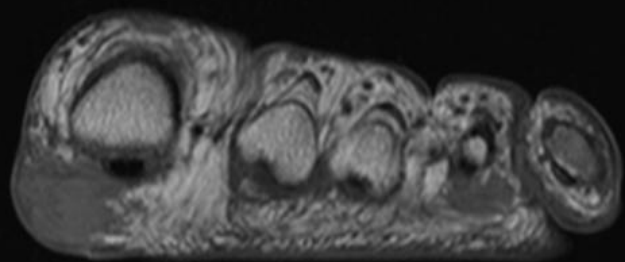


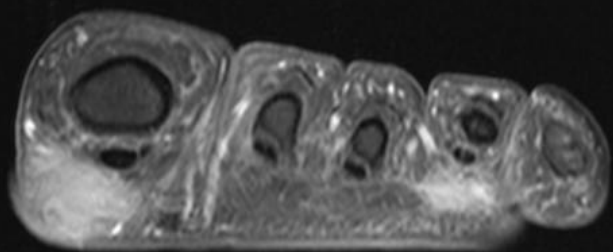
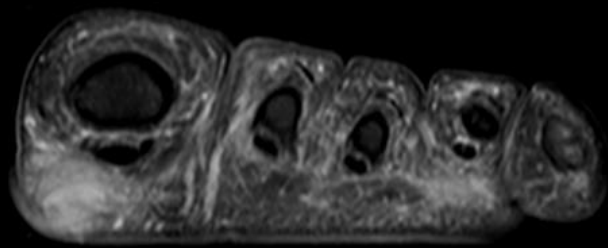
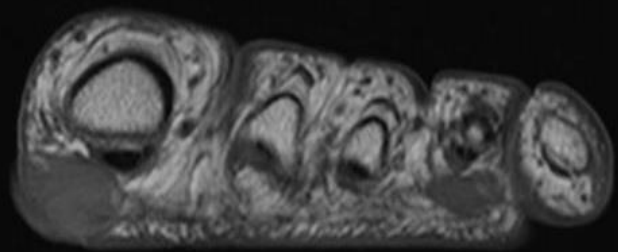


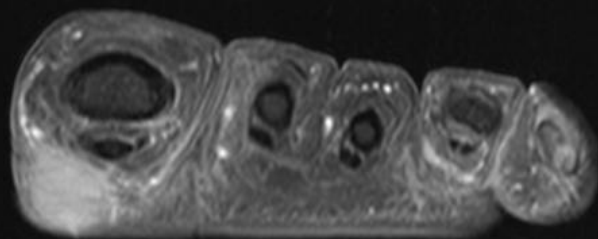
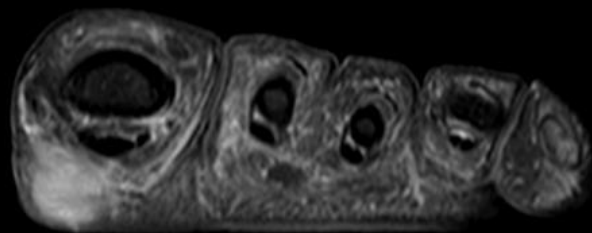
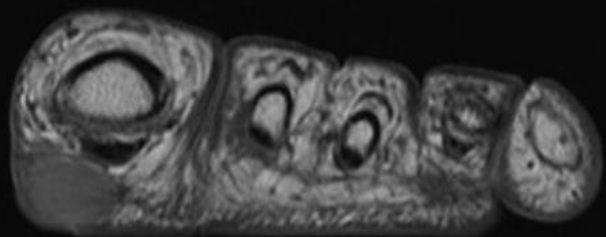


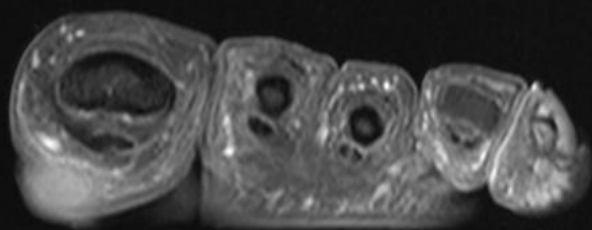
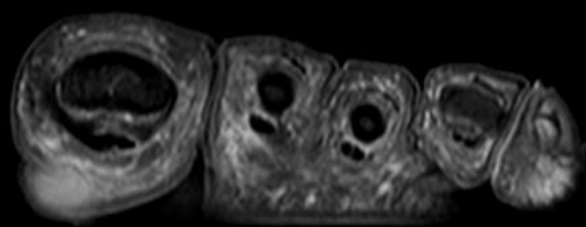
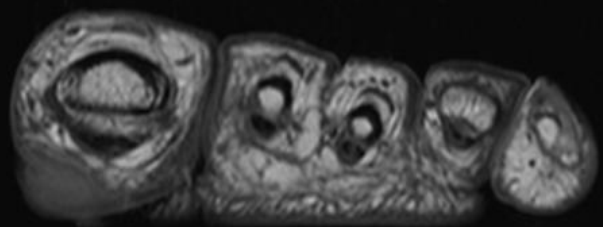


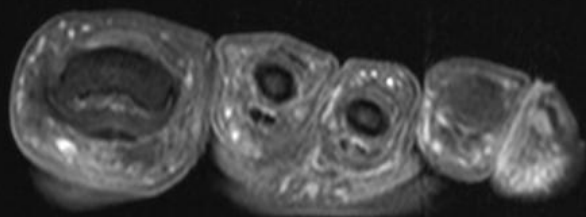
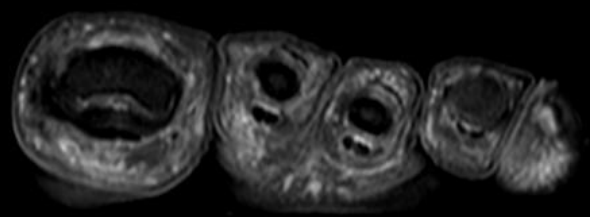
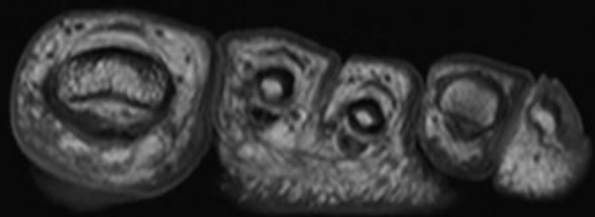




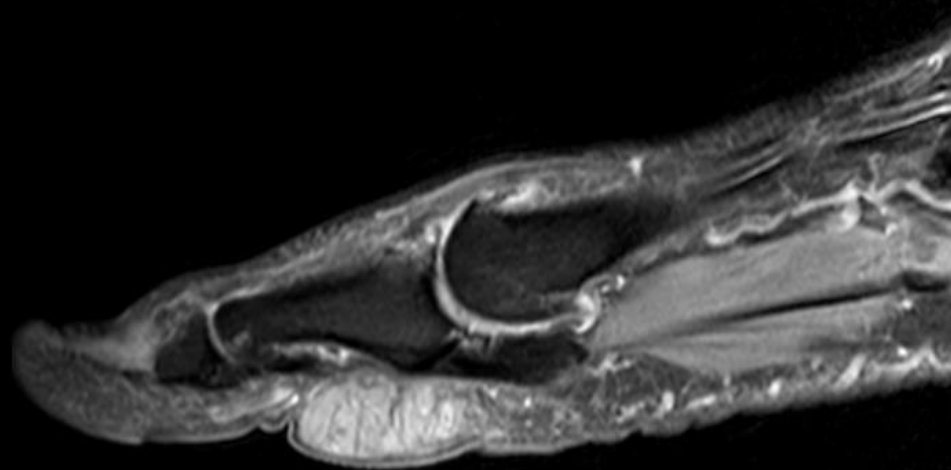




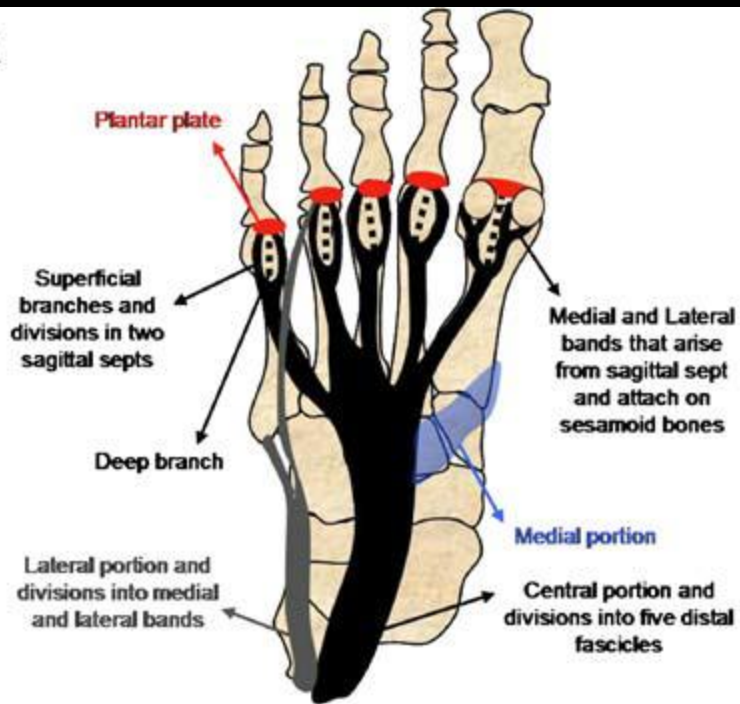




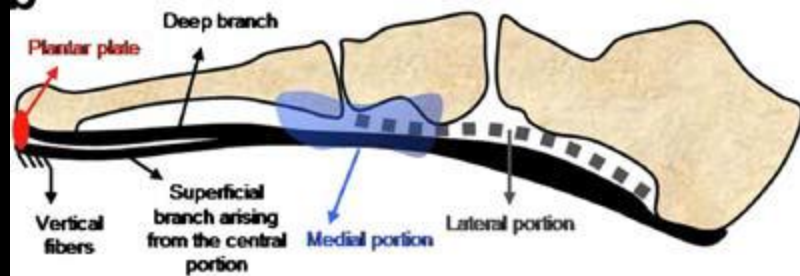
36 of 42 Lossy Compression 6:1



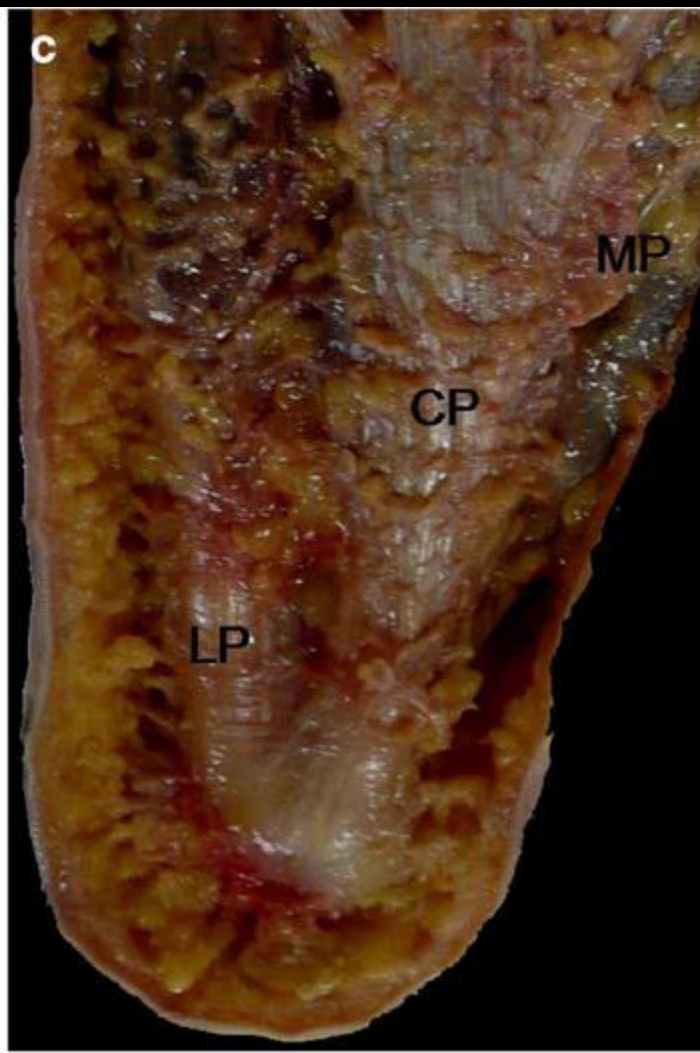
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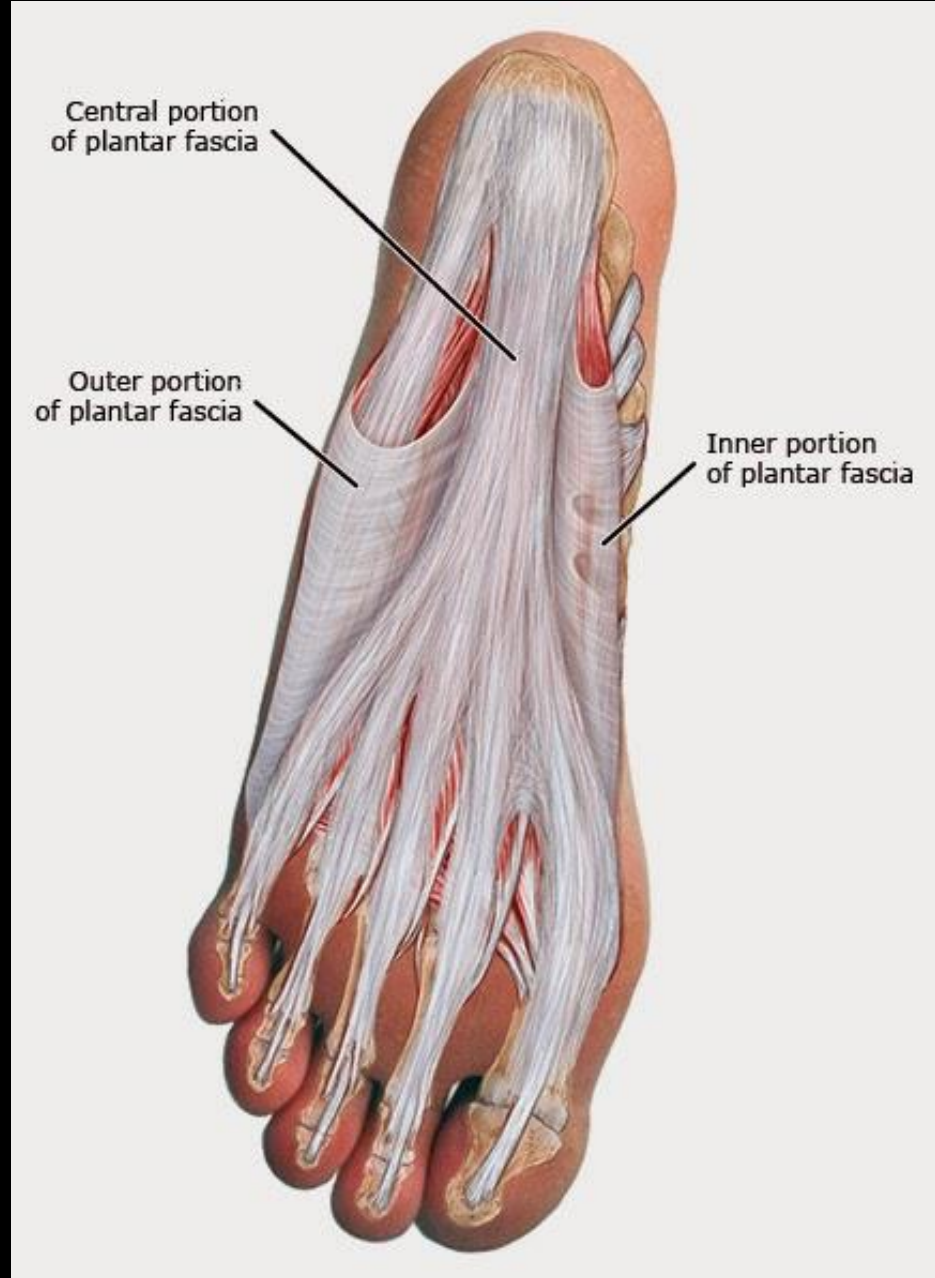
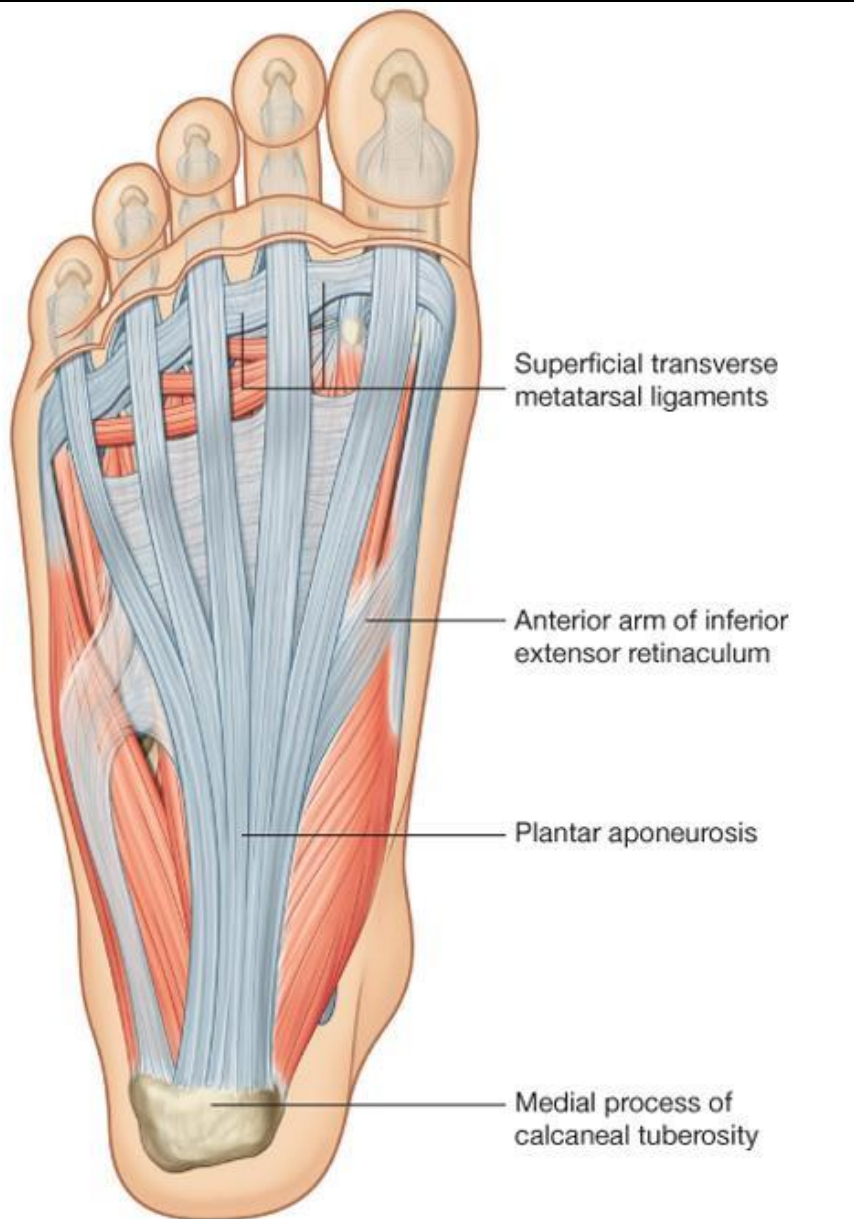


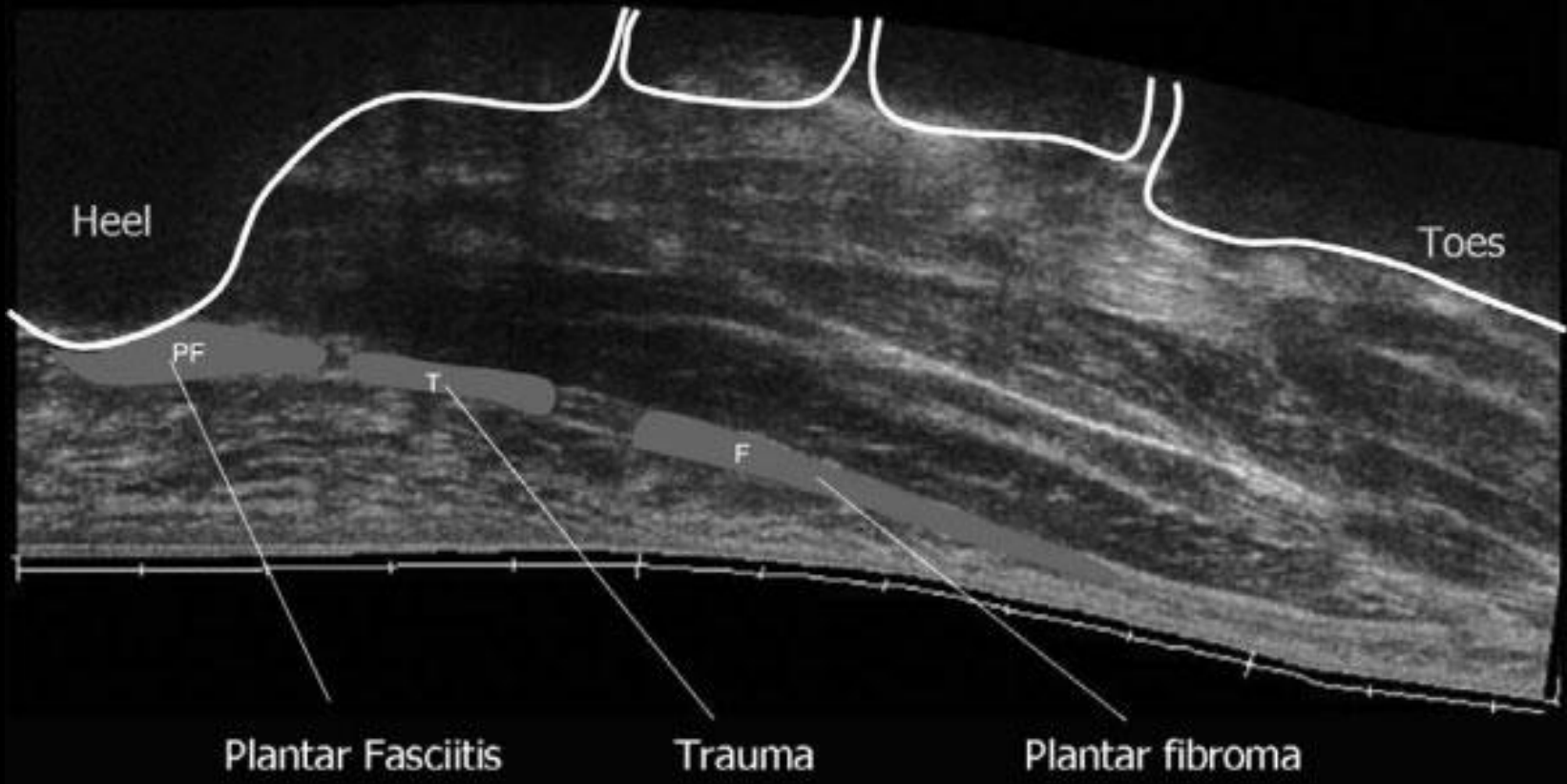
b



c







Plantar Fibroma

- Nodular lesion that blends with plantar aponeurosis usually at the central aspect of the medial plantar fascia
- Isointense to hypointense relative to skeletal muscle on T1WI and T2WI
- Variable, heterogeneous enhancement relates to degree of maturity of lesion
- \uparrow enhancement = \downarrow maturity = \uparrow recurrence rate
- Can invade muscles or neurovascular bundles

Ledderhose disease

- The precise etiology is unclear
- Trauma
- Infection
- Neuropathy
- Epilepsy?
- Biochemical and metabolic imbalance such as **DM** and **alcoholism**
 - Frozen shoulder, Dupuytren disease, and penile fibromatosis

Phenobarbital & Plantar fibroma

- Dupuytren's contracture, Ledderhose syndrome, and "frozen shoulder" attributed to **chronic phenobarbital use** (Schmidt, 1983).
- Development of Dupuytren's contracture
 - May occur from 3 months up to 20 years after introduction of phenobarbital therapy
 - Dose dependent
 - Will disappear in half of the cases when phenobarbital is withdrawn
- Dupuytren's disease predominantly affects older men of northern European descent with a M/F of 6/1

Plantar Fibromatosis Surgical Staging

- Sammarco et al described a staging system(I-IV), which depends on the **extent** of plantar fascia involvement, the presence of **skin adherence**, and the **depth** of the tumor.

Tumor Grade	Description
I	Focal disease isolated to a small area on the medial and/or central aspect of the fascia No adherence to the skin No deep extension to the flexor sheath
II	Multifocal disease, with or without proximal or distal extension No adherence to the skin No deep extension to the flexor sheath
III	Multifocal disease, with or without proximal or distal extension Either adherence to the skin or deep extension to the flexor sheath
IV	Multifocal disease, with or without proximal or distal extension Adherence to the skin and deep extension to the flexor sheath

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